SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*46902*
Company Tracking Number:	*AR001120100011*		
TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.002 Dread Disease*
Product Name:	*CancerCare Elite Application, CEP-APP*		
Project Name/Number:	*IND- Individual/AR001120100011*		

Filing at a Glance

Company: USAble Life

Product Name: CancerCare Elite Application, CEP-APP	SERFF Tr Num: LSVX-G126833474	State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num: 46902
Sub-TOI: H07I.002 Dread Disease	Co Tr Num: AR001120100011	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor
	Author: SPI Life and Specialty Ventures	Disposition Date: 09/29/2010
	Date Submitted: 09/27/2010	Disposition Status: Approved-Closed
Implementation Date Requested: 10/27/2010		Implementation Date:

State Filing Description:

General Information

Project Name: IND- Individual	Status of Filing in Domicile:
Project Number: AR001120100011	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/29/2010	Explanation for Other Group Market Type:
	State Status Changed: 09/29/2010
Deemer Date:	Created By: SPI Life and Specialty Ventures
Submitted By: SPI Life and Specialty Ventures	Corresponding Filing Tracking Number:

Filing Description:

This application will replace the previously approved version of the application, CEP-APP (3-03) which was approved on 5/16/2003.

The reason for the re-submission of the application is due to a 15% rate increase approved on 9/24/2010. Please refer to page 2 of the application for the new rates, reflecting the 15% increase.
They will take effect on 2/1/2011. Please Reference SERFF # WAKE-126783357 for rate approval.

SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*46902*
Company Tracking Number:	*AR001120100011*		
TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.002 Dread Disease*
Product Name:	*CancerCare Elite Application, CEP-APP*		
Project Name/Number:	*IND- Individual/AR001120100011*		

We have bracketed the rate section of the application as variable to accomodate any future rate changes. We certify that no changes will be made to this section except in the event of an approved rate change.

The list below shows a form previously approved by your department that will be also be used with this form:

APP-NOTICE (9-08) - Application Notice - 10/23/2008

The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

Company and Contact

Filing Contact Information

Tracy Caballero, Regulatory Resource Analyst	tcaballero@usablelife.com	
PO Box 1650	501-212-8935 [Phone] 8935 [Ext]	
Little Rock, AR 72203-1650	501-235-8484 [FAX]	

Filing Company Information

USAble Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #

SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*46902*
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USAble Life	$50.00	09/27/2010	39906366

SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
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Project Name/Number:	*IND- Individual/AR001120100011*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/29/2010	09/29/2010

SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*46902*
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TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.002 Dread Disease*
Product Name:	*CancerCare Elite Application, CEP-APP*		
Project Name/Number:	*IND- Individual/AR001120100011*		

Disposition

Disposition Date: 09/29/2010
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*46902*
Company Tracking Number:	*AR001120100011*		
TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.002 Dread Disease*
Product Name:	*CancerCare Elite Application, CEP-APP*		
Project Name/Number:	*IND- Individual/AR001120100011*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Cancer Application & Change Form	Approved-Closed	Yes

SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*46902*
Company Tracking Number:	*AR001120100011*		
TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.002 Dread Disease*
Product Name:	*CancerCare Elite Application, CEP-APP*		
Project Name/Number:	*IND- Individual/AR001120100011*		

Form Schedule

Lead Form Number: CEP-APP (9-10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/29/2010	CEP-APP (9-10)	Application/ Enrollment Form	Cancer Application & Change Form	Revised	Replaced Form #: CEP-APP (3-03) Previous Filing #:	50.000	CEP-APP (9-10).PDF

USAble Life

P.O. Box 1650
Little Rock, Arkansas 72203

Please Print Using Dark Ink

CANCER APPLICATION & CHANGE FORM

Office Use Only	
Policy Number	
Effective Date	
Group Number	
Dept./Loc	

☐ New Business ☐ Change Form ☐ Replace USAble Policy No. _____ ❑ Policy Lost ❑ Policy Attached

SECTION 1 - APPLICANT INFORMATION

Name (First, MI, Last)	For Name Change, Give Prior Last Name			Social Security #
Home Address	City	State	Zip	County
Name of Employer	Date Employed Full-Time	Occupation		
Date of Birth	Birth State or Country	Sex	Work Phone	Home Phone

SECTION 2 – SPOUSE & CHILDREN INFORMATION

Person Proposed for Insurance Show first, middle, last name	Relationship	Date of birth mo.	day	yr.	Birth State or Country	Marital Status	Age	Sex
a.								
b.								
c.								
d.								
e.								

SECTION 3 – PLAN SELECTION ■ New Applicant ■ Application for Change

I hereby apply for the following coverage: ☐ Applicant ☐ Applicant & Children ☐ Applicant, Spouse & Children

CEP Policy

- ☐ Plan I – ($100 Hosp. Confinement, $5,000 Radiation/Chemo/Blood, $1,000 Surgical/Anesthesia, and Specified Disease Benefit)
- ☐ Plan II - ($250 Hosp. Confinement, $10,000 Radiation/Chemo/Blood, $2,000 Surgical/Anesthesia, and Specified Disease Benefit)
- ☐ Plan III - ($300 Hosp. Confinement, $15,000 Radiation/Chemo/Blood, $4,000 Surgical/Anesthesia, and Specified Disease Benefit)

Add Delete Elective Rider(s):

- ☐ ☐ $_____ Cancer Diagnosis Rider
- ☐ ☐ $_____ Hospital Intensive Care Rider (Not available in TN)
- ☐ ☐ $_____ Monthly Disability Rider: Spouse Coverage ☐ Yes ☐ No

Total Monthly Premium: $ _____

1. REPLACEMENT: Is this insurance to replace or change other insurance? ☐ Yes ☐ No If "Yes", give details including name of company. _____
2. OUTLINE: Have you received the Outline of Coverage (in those states where required by law)? ☐ Yes ☐ No (check one)

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded; (b) state that I have read and understand the "Important Note" on page 2 of this application; (c) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USAble Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the application date; (f) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (g) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act; and (h) acknowledge receipt of the Information Practices Notice and the Insurance Fraud Warning. I have read and understand the above statements and agreements. In applying for insurance, I authorize my employer to make the necessary payroll deductions to pay for my insurance. I state no person to be insured is covered by any Title XIX program – Medicaid or any similar name *(Not applicable to residents of AZ, MO, OR, or SC)*. I understand failure to disclose a proposed insured person's true health condition may void this policy.

Be sure to complete the Medical Information on page 2/reverse side.

Signed at: _____ (City and State) Date of Application _____ (Month, Day, Year) Date Received Home Office

X _____ Agent's Signature X _____ Applicant's Signature

NOTIFICATION FOR THE PROPOSED INSURED— Please read carefully and detach for your records.

INSURANCE FRAUD WARNING. Any person who knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

Notice of Insurance Information Practices - In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

USAble Life
Little Rock, Arkansas

Name (First, MI, Last)	Social Security #	Employer

CANCER MONTHLY PREMIUM(S)

	Individual	1 Parent Family	Full Family
Policy Benefits:			
Plan I	[$15.88]	[$19.56]	[$29.38]
Plan II	[22.66]	[27.72]	[42.00]
Plan III	[27.14]	[33.36]	[49.78]
Hospital Intensive Care Rider: (Not available in TN)			
$200	[$2.00]	[$2.40]	[$3.66]
$400	[4.00]	[4.80]	[7.32]
$600	[6.00]	[7.20]	[10.98]

	Individual	1 Parent Family	Full Family
Cancer Diagnosis Rider:			
$1,000	[$0.90]	[$1.10]	[$1.70]
$2,000	[1.80]	[2.20]	[3.40]
$3,000	[2.70]	[3.30]	[5.10]
$4,000	[3.60]	[4.40]	[6.80]
$5,000	[4.50]	[5.50]	[8.50]
Monthly Disability Rider for 1 year:			
$250	[$1.30]	[$1.30]	[$2.36]
$500	[2.60]	[2.60]	[4.72]

SECTION 4 – MEDICAL INFORMATION

	Yes	No
1. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: cancer or any malignancy which includes carcinoma, sarcoma, Hodgkins Disease, leukemia, lymphoma, or malignant tumor? If "Yes," list person(s), and condition(s): Person(s)_____ Condition(s)_____	☐	☐
2. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: Addison's Disease, Brucellosis, Budd-Chiari Syndrome, Cystic Fibrosis, Diphtheria, Encephalitis, Histoplasmosis, Legionnaires' Disease, Lou Gehrig's Disease, Malaria, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Q-Fever, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Spinal Meningitis, Systemic Lupus Erythematosus, Tay-Sachs Disease, Tetanus, Toxic Shock Syndrome, Trichinosis, Tuberculosis, Tularemia, Typhoid Fever, Whooping Cough? If "Yes," list person(s), and condition(s): Person(s)_____ Condition(s)_____	☐	☐
3. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or the Human Immunodeficiency Virus (HIV)? If "Yes," list person(s), and condition(s): Person(s)_____ Condition(s)_____	☐	☐

The person(s) named above in questions 1, 2, or 3 may be excluded in part or in total from coverage by an Elimination Rider to be signed by the applicant prior to policy issuance.

4. Name, address, and phone number of your personal physician(s):

_____

_____

Answer the questions below if applying for the Hospital Intensive Care Rider.

	Yes	No
5. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for: a heart condition, heart trouble, a heart attack, any abnormality of the heart (including artery disease), or a stroke? If "Yes," list person(s), and condition(s): Person(s)_____ Condition(s)_____	☐	☐
6. Has any person to be insured ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure)? If "Yes," list person(s), medications taken, and medication dosage and last two blood pressure readings. Person(s)_____ Medication, Dosage, Readings with Dates _____ _____	☐	☐

The person(s) named in questions 5 or 6 may be excluded in part or in total from coverage for any intensive care confinement resulting from any disorder of the heart and limited to three days in connection with any other intensive care confinement. The person(s) named above may be excluded in part or in total from coverage by an Elimination rider to be signed by the applicant prior to policy/rider issuance.

IMPORTANT NOTE: The entire contract will consist of this application and the insurance issued in response to it. THE INSURANCE WILL NOT BE EFFECTIVE ON THE PROPOSED INSURED UNLESS: (1) The policy is delivered to the Owner; (2) The first modal premium is paid; (3) There has been no change since the date of this application and the effective date of the policy in the health of the Proposed Insured as stated in this application; and (4) To satisfy premium deduction requirements of my employer and dating requirements of our Section 125 Plan, if applicable, I understand that my policy will be dated and become effective on the first day of the month following the Section 125 Plan effective date (anniversary date for resolicitation) or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

INSURANCE FRAUD WARNING. Any person who knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. USAble Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Braintree, Massachusetts 02184-8734. USAble Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

FEDERAL FAIR CREDIT REPORTING ACT NOTICE

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

SERFF Tracking Number:	*LSVX-G126833474*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*46902*
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TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.002 Dread Disease*
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Project Name/Number:	*IND- Individual/AR001120100011*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/29/2010

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/29/2010

Comments:

See Forms Tab

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/29/2010

Bypass Reason: Actuarial justification was previously submitted and approved under SERFF Filing # WAKE-126783357.

Comments:

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/29/2010

Bypass Reason: This is an application filing only

Comments:

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: **USAble Life**

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
CEP-APP (9-10)	50

Signed: 

Name: Connie Phillips

Title: Assistant General Counsel & Assistant Secretary

Date: 09/27/2010